

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as Express Mail No. EV254122144US in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C., 20231, on:

Date: April 4, 2003

By: Sandy Reisman

Sandy Reisman

In re application of Kenton T. Davis et al.

Application No.: 09/863,791

Confirmation No. 9440

Filed: May 24, 2001

For: ELEMENT MANAGEMENT SYSTEM FOR HETEROGENEOUS
TELECOMMUNICATIONS NETWORKASSISTANT COMMISSIONER FOR PATENTS
WASHINGTON DC 20231

Sir:

Transmitted herewith is an Amendment in the above-identified application.

- ☐ Applicant claims small entity status. See 37 C.F.R. 1.27.
☒ Applicant has previously claimed small entity status. See 37 CFR 1.27.
☒ A Petition for an Extension of Time for three months is enclosed.
☒ A General Authorization Under 37 C.F.R. § 1.136(a)(3) is enclosed.
☒ A Terminal Disclaimer is enclosed.
☐ No additional claim fee is required.
☒ The fee has been calculated as shown.

	(Col. 1)		(Col. 2)	(Col. 3)
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST PREV. PAID FOR	PRESENT EXTRA
TOTAL	*21	-	**20	1
IND.	*5	-	***4	1
[] FIRST PRESENTATION OF MULT. DEP. CLAIMS				
EXTENSION OF TIME FEE				
TERMINAL DISCLAIMER FEE				
TOTAL ADDITIONAL FEE				

SMALL ENTITY	
RATE	ADDITIONAL FEE
x 9	\$ 9.00
x 42	\$ 42.00
+ 140	\$
	\$ 465.00
	\$ 55.00
	\$ 571.00

OR

OR

TOTAL

OTHER THAN A SMALL ENTITY	
RATE	ADDITIONAL FEE
x 18	\$
x 84	\$
+ 280	\$
	\$
	\$
	\$

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

[] Please charge my Deposit Account No. 50-0665 in the amount of \$_. A duplicate copy of this sheet is enclosed.[X] A check in the amount of **\$571.00** is attached.[X] The Commissioner is hereby authorized to charge payment of the following additional fees associated with this communication or credit any overpayment to Deposit Account No. 50-0665. A duplicate copy of this sheet is enclosed.

[X] Any filing fees under 37 CFR 1.16 for the presentation of extra claims.

[X] Any patent application processing fees under 37 CFR 1.17.

Respectfully submitted,
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